

<b>Case Number:</b>	CM14-0047827		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas and Colorado. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old female who reported an injury on 02/10/2012 due to motor vehicle accident. The injured worker was status post right carpal tunnel release and had complaints of bilateral wrist pain. The surgery was on 04/28/2014. The injured worker had started physical therapy and rated the pain as 6/10 before session then 5-6/10 after. The injured worker was wearing a pre-fab cock up splint during the session. Medications were reported were venoflaxin, motrin, oxycodone, tramadol, nebuton, omeprazole. The treatment plan was for postoperative therapy 2 x a week for 6 weeks. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Postoperative therapy 2 x a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): , 15,16.

**Decision rationale:** The injured worker had carpal tunnel release surgery. The California Medical Treatment Utilization Schedule states there is limited evidence demonstrating the

effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery. Carpal Tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. The guidelines state postsurgical treatment 3-8 visits over 3 to 5 weeks. The request exceeds the recommended treatment. Therefore, the request is not medically necessary.